

**MANAGING SUBSTANCE ABUSE IN THE PEORIA FIRE DEPARTMENT:
TOUGH LOVE OR TOUGH LUCK**

COMMUNITY RISK REDUCTION

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: _____

ABSTRACT

The problem is that the City of Peoria's employee substance abuse program (SAP) is largely considered ineffective by the uniformed members of the Peoria Fire Department (PFD). None of the contracted clinicians available through the City's health care plan had been trained to understand or manage the stressors unique to fire service culture. Despite a well-documented demand for counseling services, this, and a perceived lack of confidentiality, has rendered the program unsuccessful. The purpose of this research is to analyze four key factors necessary to create a comprehensive SAP. The following questions were addressed using a descriptive research methodology:

1. What risk factors are related to substance abuse and firefighters?
2. What role(s) should the Fire Department "family" play in managing an effective SAP?
3. What methods of alcohol or drug intervention and treatment are the most practical for the PFD membership?
4. What measures can be taken to insure that a renovated SAP would instill both trust and confidence among the PFD membership, while remaining practical from an administrative standpoint?

The procedures included administering an employee survey to determine the impact that substance abuse has had on the organization. Subsequently, a literature review was conducted to identify any correlation between the new data and those experiences of other resources.

Results indicated that, while some firefighters have admitted to being impacted by work related substance abuse, they were not inclined to follow established procedures. The surveys also confirmed a lack of trust and disinterest in the current SAP process. However, should the

PFD employ a collaborative approach to education, mitigation, and consultation, the results predict a discernible improvement in employee morale, strengthened labor-management relations, a diminished number of sick days, and increased productivity.

Recommendations included meeting the needs unique to Peoria firefighters through education, employing a fire service counselor, and investigating the practicality of peer relationships.

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INTRODUCTION

On any given day, stories of drugs and alcohol litter the headlines of newspapers, magazines, and tabloids on the shelves of our neighborhood markets. Many of our friends, neighbors, and co-workers are “hooked,” not only on heroin, morphine, amphetamines, tranquilizers, and cocaine, but also nicotine, caffeine, sugar, steroids, work, theft, gambling, exercise, and even love and sex. In the early 1990’s, the United States spent \$45 billion waging a “war on drugs,” with no end in sight. This is true despite every kind of addiction treatment from psychosurgery, psychoanalysis, psychedelics, and self-help to acupuncture, group confrontation, family therapy, hypnosis, meditation, education, and tough love (Rodgers, 1994).

Information systems are choked with commentary on the destructive nature of substance abuse, and how to combat the physical, emotional, and spiritual impact it has on today’s society. With that said, what is noticeably missing from these paragraphs is how those lessons can be practically applied to the members of the fire service.

The pressures associated with expanding patterns of change are weighing heavy on the psyche of these professionals, leading some to seek comfort from a bottle, smoke, or pill. As such, there is a growing understanding of the moral, legal, and economic justification for proactively addressing substance abuse through an agency-specific Employee Assistance Program (EAP) (Eyre, 2003). Unfortunately, a penchant for tradition and a distinctly skeptical nature can make some conventional intervention and treatment techniques seem impractical to apply. Insurance limitations and a schedule employing a 24-hour shift rotation may also reduce those options dependant on regular group sessions or inpatient rehabilitation (Fidler, personal communication, April 26, 2004).

There is some speculation that in the aftermath of September 11, 2001 there has been an increased use of alcohol or drugs (AOD) among our nation's emergency responders. Regardless, it has been well documented that workers in dangerous professions such as construction, railroad engineering, and the fire service frequently have higher rates of alcoholism (O'Donnell, 2004). In fact, some studies report AOD dependence at a rate as high as 10% to 15% among fire personnel (Psychology Today, 1993). James O. Page, publisher emeritus of *Jems*, relates the impact of these figures by using the National Center for Alcoholism and Drug Abuse data (8% of Americans are addicted to AOD) to estimate that of the 10,300 paramedics licensed by the state of California, 792 "abuse alcohol or are alcoholics."

In May of 2004, an emerging pattern of missing or tampered with narcotics has cloaked the Peoria Fire Department (PFD) with the same aura of anxiety and skepticism that has crept into the collective consciousness of the fire service. The problem is that the City of Peoria's (City) employee substance abuse program (SAP) is largely considered ineffective by the uniformed members of the department. None of the contracted clinicians available through the City's health care plan have been specifically trained to understand or manage the stressors unique to fire service culture. Despite a well-documented demand for counseling services, this, and a perceived lack of confidentiality, has rendered the program's use below regional norms (Tapscott, personal communication, November 28, 2003).

The purpose of this research is to analyze four key factors necessary to create a comprehensive SAP. The following questions will be addressed using a descriptive research methodology:

1. What risk factors are related to substance abuse and firefighters?
2. What role(s) should the fire department "family" play in managing an effective SAP?

3. What methods of AOD intervention and treatment are the most practical for the PFD membership?
4. What measures can be taken to insure that a renovated SAP would instill both trust and confidence among the PFD membership, while remaining practical from an administrative standpoint?

BACKGROUND AND SIGNIFICANCE

During the past decade, the City of Peoria has been one of the fastest growing cities in the United States. It is now a modern suburban community with a population of 126,000, and projected 20-year build out of over 250,000 residents. The PFD was first established as a volunteer department in 1921. Today, it operates five full-time and two part-time stations and has a Fiscal Year 2004 Budget of over \$13.5 million. The Fire Department services approximately 176 square miles of incorporated area. As part of a valley-wide automatic aid program, PFD relies on the Phoenix Alarm Room to dispatch the closest available fire unit, regardless of municipal boundaries. This shared effort helps facilitate fire suppression, medical service and other special operation rescue needs, and offers a full range of community and life safety related programs.

Peoria firefighters are represented by the International Association of Fire Fighters (IAFF), Local 493. Together, with the Fire Department administration, all members have fostered a collaborative labor-management relationship to support decision-making and buy-in. Several committees have co-chairs representing both a union and administration perspective. An Executive Steering Committee (co-chaired by the Fire Chief and Union President) acts as an umbrella to ensure that the Mission Statement and Values are adhered to whenever a decision is

made that may have a long-term and/or a significant emotional impact on the Department. This relationship is important as it relates to how an SAP may be developed and nurtured.

As is the case with most emergency response organizations, the effects of stress have adversely impacted the members of the PFD. Aside from those anxieties traditionally associated with both the fire service and the personal lives of its employees, the pressures linked to the rapid growth and resulting change of the region have compounded the problem.

Defining Moments

In March of 2001, a PFD employee experienced a particularly emotional period in his personal life. The ensuing stress influenced his ability to function professionally at a level commensurate to the principles identified within the applicable job description.

The instance raised questions regarding the effectiveness of an EAP that does not employ any counselors specifically trained in an understanding of the cultural complexities of the fire service. As noted through a questionnaire developed to isolate these problems (Appendix A), the employee also raised speculation regarding the confidentiality of the program.

Enough apprehension had been raised to warrant an investigation into the effectiveness of the City's existing EAP. As a result, a partnership was struck between Peoria's management team and interested members of the PFD labor union to form the Wellness Coalition (WC). Since October 2003, the intended purpose of this alliance has been to re-evaluate the current mental health program in favor of a tailored approach to dealing with PFD's specific needs. Perhaps more than any other component of the City's EAP, substance abuse has garnered concern over the possibility of a career-ending reprisal. One of the principle tenants of the WC, and consequently the purpose of this research, has been to refine the organization's SAP.

On May 4, 2004, the significance of this investigation lost its proactive innocence. As a matter of protocol, a police report was filed indicating that an ampule of morphine was missing from the drug box of one of PFD's advanced life support (ALS) fire engines. In similar occurrences, a second pre-filled syringe was found empty on May 25, 2004 and a third was found tampered with two days later (EMS Chief James Bratcher, personal communication, May 4, 2004). What was once a proactive effort has now become a reactive attempt to investigate the cause, stem the tide of occurrences, and reinforce the Department's efforts to foster an effective SAP.

Future Impact

Without a change in the current SAP, it is expected that a lack of trust in the current program will lead to an increased number of untreated AOD abuses. The results may range from on-duty safety violations to the termination of PFD employees. Two factors enter into this predictable outcome: first, the results of a survey (Results: Table 6) indicate that the PFD likely has members that are abusing drugs and alcohol, yet are not seeking help. Second, the City Manager has stated that Peoria has a "zero tolerance" policy as it relates to abuse of "harder" drugs, such as morphine, cocaine, or methamphetamine (Ellis, personal communication, June 3, 2004). Unless the WC (inspired by the results of this research) is successful in generating practical alternatives, an already guarded approach to the EAP and SAP programs, combined with a little known zero tolerance policy, may lead to an unfortunate loss of jobs, or worse, a loss of life.

National Fire Academy - Research Significance

The significance of this Applied Research Project (ARP) relates to the core objectives outlined in Unit 3: Building Support, as taught in the *Community Risk Reduction* course

(National Fire Academy [NFA], 2003). Enabling objective one of this chapter discusses the importance of building equity in labor/management relationships by making deposits into an “organizational savings account” (SM 3-13). This research supports this concept by making certain that the PFD membership has been given adequate tools to overcome any personal and professional roadblocks which may keep them from providing the best possible service to the community.

Although ensuring success may seem impractical, ensuring failure is probable unless the necessary means are provided to understand the nature of the job’s interpersonal relationships. This includes understanding and making appropriate use of the structure associated within the decision-making process. When these mechanisms fail, it is the responsibility of an organization’s EAP/SAP to try to pick up the pieces. If the only program available is incapable of relating to the environment and traditions integrated within the culture, it must be re-evaluated. To that end, this research will prove beneficial to the members of the PFD by identifying an SAP process that can be trusted by the membership, while remaining practical from an administrative standpoint.

Research Plan

As identified within the Results section, a series of counselor inquiries and cross-industry literature reviews were employed to address each of the four questions posed within this research. A PFD employee survey (Appendix B) was also evaluated to specifically address the third and fourth questions, “What methods of AOD intervention and treatment are the most practical for the PFD membership?” and “What measures can be taken to insure that a renovated SAP would instill both trust and confidence among the PFD membership, while remaining

practical from an administrative standpoint?” This broader approach was considered to avoid any systemic weaknesses inherent within the customs of the fire service profession.

Formatting

The *Publication Manual of the American Psychological Association* (APA) 5th Edition was the principle text used to format this research. The *Executive Fire Officer Program (EFOP) Operational Policies and Procedures Applied Research Guidelines* (dated June 1, 2002) were also used to refine this author’s findings.

United States Fire Administrative Operational Objectives

This research is linked to the United States Fire Administrative (USFA) third operational objective “to reduce the loss of life of firefighters” (NFA, 2002, p II-2). The intent of this effort is to create a comprehensive approach to reducing the risks associated with substance abuse. The impact of the program may also be beneficial to a variety of other professional organizations.

LITERATURE REVIEW

Although the Internet and industry magazines are full of tales linking on-duty firefighters with AOD abuse (Nozzlehead, 2003), very little statistical information exists from which to draw firm conclusions. To illustrate this point, the Substance Abuse and Mental Health Services Administration (SAMHSA), the lead Federal agency for improving access to quality substance abuse prevention, addiction treatment, and mental health services in the United States, had the following to say in response to my statistical query: “I’m sorry, we do not have data on firefighters and substance abuse” (Scott-Pinkney, personal communication, April 26, 2004). This succinct reply, and similar findings, led to a more expansive investigative approach that included a series of discussions with experienced counselors and cross-industry literature reviews.

Definition

To set the tone for what is being examined, substance abuse has been defined as a maladaptive pattern of AOD use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home;
2. Recurrent substance use in situations in which it is physically hazardous;
3. Recurrent substance-related legal problems; and,
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (American Psychiatric Association, 1994).

Research Question 1

Question one asks, “What risk factors are related to substance abuse and firefighters?”

Turn on, tune in, and drop out

Timothy Leary’s 1961 LSD inspired mantra seems suitable to describe the two general reasons why firefighters resort to abusing AOD. While it is true that there are various drugs such as steroids and recreational drugs that do not fit neatly into a category, much of what drives people to take AOD has to do with either positive reinforcement, seeking a “high”, or negative reinforcement, seeking to escape (Durand and Barlow, 2003). Rather, an individual delights in pleasure or is seeking to cope, the impetus is often the same—many people believe that these drugs can help remove the unpleasantness in their lives. Aside from the initial euphoria, many

drugs provide an escape from physical pain (opiates: morphine), from stress (alcohol), or from panic and experience (benzodiazepines: valium) (Durand and Barlow, 2003).

There is evidence to support that the same aspects that make firefighting one of society's most challenging and potentially rewarding vocations can also put these same individuals at risk for substance abuse, depression, and other mental health issues. Risk factors are often heightened by the combining of personnel and the environment (Benezra, personal communication, March 27, 2004).

The firefighter cannot take off his internal pressure like he does his uniform; he gets tougher with his family and more rigid and dogmatic in his attitudes. His bipolar (black and white) thinking about right and wrong may become more prominent in his communication and behavior. (Fishkin, 1991, p. 29)

Julio Benezra, a Certified Professional Counselor (CPC), has been approved as a "provider" through the City's EAP. He believes that when environmental factors are out of the emergency responders' control and the firefighter has traits of what has been called the "rescuer personality," the threat increases significantly (Personal communication, March 27, 2004). Risk factors that trigger substance abuse may include:

1. Firefighters (risk takers) who are action-oriented, seek immediate gratification, and are easily bored. This might indicate that they overestimate their ability to handle a personal, professional, or environmental challenge and underestimate the risk of doing so. This might lead to initiating the use of mood altering substances and for relapsing after cessation.
2. Emergency responders have high personal standards and are driven by internal motivating factors, such as a need to do a good job in all they endeavor. When those

- expectations are not realistic and are not met, this might contribute to a need to suppress feelings of failure and initiate the use of mood altering chemicals.
3. Firefighters have a strong desire to be in control of incidents, themselves, and others around them. Frustration could increase when a situation is outside their control, leading to a feeling of failure, and increase the risk for using mood altering substances.
 4. Emergency responders are traditionally oriented, loyal, and dedicated. These traits indicate a strong sense of right, wrong, and community, all leading to a desire to “make a difference”. Given all the situations that firefighters are exposed to, their sense of values and priorities can be severely challenged. This can lead the fire fighter to “burnout” and increase the risk of substance abuse.
 5. Finally, fire fighters have a strong desire to be “needed” and like being the “good guys” coming to the rescue. When they cannot meet that desire, they can experience significant frustration, depression, and turn to mood altering chemicals to self-medicate. (Benezra, personal communication, March 27, 2004)

A 1998 study conducted by Bettina GoriBen on the firefighters of the Frankfurt and Dortmund, Germany Fire Brigades, suggests that it is not only the dramatic that induces anxiety, it can also be the mundane. She found that, while firefighters experienced greater stress dealing with emergencies, their psychological health was more impaired by the everyday duties associated with the firehouse (Finley, 2002).

The study was conducted in response to legislation which states that “the employer is obliged to prove that practicing any profession within his organization is not harmful to health” (“Law Concerning Safety of Work,” 2000, p.28). GoriBen found that firefighters perform a

multitude of tasks while at the station, including report writing, janitorial duties, station and equipment repair and maintenance, and inventory. The performance of these tasks, for which they may not be adequately trained for, combined with latitude for decision-making, focus requirements, time management, personal relations, and various environmental conditions, resulted in an increased incidence of long-term psychosomatic ailments (Finley, 2002).

Although German firefighters spend two years in training for emergency response work, it does not adequately prepare them for the 80% of their duty hours spent at the station. GoriBen concluded by acknowledging the need for further study, but contended that her findings support better preparation of firefighters for the non-emergency obligations that they would be expected to perform. This was recommended in conjunction with a commitment by fire service leadership to address the “routine” issues of concern, thereby dropping the incidence of these ailments by up to 50% (Finley, 2002).

While these anxieties are often seen as cumulative, they can come as the result of either one particularly traumatic occurrence, or a series of incidents that trigger emotional responses. Post-traumatic stress disorder (PTSD) is the label often applied to an individual that experiences such an outcome. PTSD can be prompted by violent personal assaults such as rape or mugging, natural disasters, or human-caused events, accidents, or some form of combat (Stress, 2001).

Research Question 2

Question two asks what role(s) should the Fire Department “family” play in managing an effective SAP?

Firefighters are family

By definition, people living under one roof, sharing the same convictions, and united by a common affiliation, are members of a family (Webster, 2004). In many cases, the line between a firefighter's blood relatives is barely distinguishable from their partners on an engine company. A culture exists within the fire service where employees see themselves as more than co-workers. Benezra believes this bond is strengthened by living together for 24 hours at a time and through the trust each develops with their crew members to cover their backs and possibly save their lives if one goes down in a fire. "In cases where the functioning of the firefighters 'legal' family is destructive, their 'work' family might step in (personal communication, March 27, 2004).

The roles in each of these associations are often defined by the individual's behaviors in performing the rights and obligations associated with a certain formal (hierarchal) or informal (personal relationships) position, and usually involve a set of complementary expectations concerning one's own actions as well as the actions with whom one is involved (Shertzer and Stone, 1980). Irrespective of the presence of AOD, one of the basic principles of family balance is predictable family roles (Fisher and Harrison, 2000).

It seems clear that, at least in some sense of the word, firefighters can develop a family-like dependence on one another. The question then is how that relationship is impacted when AOD are introduced into the mix, and is there a practical mechanism available to tap into that bond for help when a family member is in need of support?

The impact of Alcohol or Drugs on the Fire Department Family

Don't talk, don't trust, don't feel – these are the three rules that govern alcoholic families (Black, 1981). In relations where AOD are abused, these rules form the basis for interactions and

for the alliances between individual family members. Jackson (1957) used the term “family homeostasis” to describe what he considered a family’s natural state of balance, structure, and stability in the face of change. He noted that as one family member experiences change in his or her life, the entire family will be affected, forcing them to regulate their pattern of behavior. In keeping with the theme, it stands to reason that in order to maintain a semblance of control, a fire company may need to reorganize its roles, rules, boundaries, and values to create a new balance that fits. In an AOD family, members attempt to maintain balance by compulsively repressing their feelings while developing survival behaviors, as well as walls, to ward off the pain associated with the family member’s addiction (Fisher and Harrison, 2000).

Confidentiality

In an ideal situation both the biological and fire service family members would work together in a common cause of intervention on behalf of an AOD client:

Treating the family of a substance abuser is a complicated process. Treatment takes place simultaneously on many levels. In meeting the needs of the family as an entity, the spouse subsystem, the sibling subsystem, and the individual needs of each person in the family must be considered. These three areas must interlock and work in harmony. Teaching and demonstrating effective parenting is an important aspect of treatment. Encouraging families to form positive social networks aids in the total treatment. Part of family therapy is the problem-solving process that occurs. Hopefully, these techniques become internalized so that the family maintains them throughout its lifetime. (Kaufman and Kaufman, 1992, p. 34)

Unfortunately, the term “ideal” is a key not easily turned. Where trust and confidentiality are less an issue in a natural family, they are hallmarks associated with both the fire service and treatment counseling.

While some AOD models of intervention (Johnson, 1986) may advocate the employer (peer family) interceding on behalf of an employee, an SAP has little hopes of being effective if the target audience lacks faith that it can be appropriately discreet. This is particularly relevant to the fire service where elements of stigma and concerns about confidentiality in seeking support need to be recognized, discussed and addressed (NIOSH, 1999). “It would be useless to have an analyst that would report information back to the administration—if there is no trust, no one will get the needed help” (Lemanski and Samuels, 2003, p. 75).

Benezra believes that preparation and foresight are the keys to addressing the issue of confidentiality. He notes that it would be important to discuss the applicable policies and procedures before incidents occur, focusing on addressing these concerns and clarifying guidelines. One way would be to generate case studies of model situations. In this way the counselor and the stakeholders would focus on meeting the goal of assisting the employee while seeking help from the employer and union. The scenarios could then be discussed without fear of breaching confidentiality and allowing the open discussion of options. (Personal communication, March 27, 2004)

The Department of Health and Human Services issued the following statement related to the confidentiality of AOD abuse patient recourses:

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department

or agency of the United States shall be confidential. (42 Code of Federal Regulations: Part 2 2003)

The significance of 42 Code of Federal Regulations: Part 2 (CFR 42) regulations is that any organization receiving federal assistance in *any* form, even if the funds are not directly related to pay for AOD services, may not disclose records or other information on AOD clients (Fisher and Harrison, 2000). Therefore, with few exceptions, such as a medical emergency (immediate life threat to the health of an individual) or a court order, 42 CFR prevents an employer from sanctioning an intervention or treatment program that involves the support of other employees. With this said, one option does exist for an AOD client willing to disclose their information to the PFD in order to facilitate a support group. A separate consent form must be signed for each individual receiving any information on the client. The consent form would also include documented prohibition against the disclosure of the information to any other person or entity (Fisher and Harrison, 2000). Although limitations may be placed on the type of techniques used to forcefully motivate an AOD employee (Johnson, 1986), using written consent does open more doors to various support options.

Research Question 3

The third question to be analyzed by this ARP asks, “What methods of AOD intervention and treatment are the most practical for the PFD membership?”

Customize the Approach

Since many individuals with AOD problems have used these substances to avoid negative emotions or to control stress or pain, alternative methods of dealing with common life problems must also be fostered at work (Fisher and Harrison, 2000).

For AOD users, the coping mechanisms once applied to dull the pain must be replaced with alternatives that serve to manage the tension. The difficulty is that the stress-related triggers leading to AOD abuse are not likely to be the same for each PFD member.

According to one school of thought, the differences in individual characteristics such as personality and coping style are most important in predicting whether certain job conditions will result in stress—in other words, what is stressful for one person may not be a problem of someone else.” (NIOSH, 1999, p. 5)

There are no simple “how-to” manuals designed for developing an SAP. The final product will never really be final—evolving program solutions will be influenced by several factors. Among them include the complexity of the organization, available resources, and especially the unique nature of the stressors identified within each profession. NIOSH (1999) reported that, while understanding that it is not possible to provide a collective prescription for preventing stress-related issues, at minimum, preparations for a comprehensive SAP program should include:

1. Building general awareness through education about job stress (causes, costs, and control).
2. Securing top management commitment and support for the program.
3. Incorporating employee input and involvement in all phases of the program.
4. Establishing the technical capacity to conduct the program (e.g., specialized training for in-house staff or use of job stress consultants).
5. Provide balance between work and family or personal life.
6. Create a support network of friends and coworkers.
7. Foster a relaxed and positive outlook. (p. 10-11)

The impact of stress cuts across both job and personal domains. Murphy (1995) suggests that, “the study of job stress, and the design of stress management interventions, should be approached from a multidisciplinary perspective, to produce an accurate picture of the nature of stress and how it should be managed” (p. 2). Although neither an SAP nor human resource department (HRD) is equipped to manage the effects of stress in a comprehensive way, Murphy (1995) believes that their combined expertise in a team environment should improve chances of success. Considering that much of the work could be performed without the assistance of outside consultants, such collaboration could also prove cost-effective.

Education

Dr. Walter Fidler (Personal communication, May 3, 2004) feels that education must be the cornerstone from which a successful fire service SAP is built. The limitations related to intervention, confidentiality, and insurance benefits severely limit the options available to the PFD “family”.

Practical and effective education and training are crucial tools for adults who need to make decisions about their life and overall wellness. A common theme of adult learning theory emphasizes that adults have an innate need to gain knowledge that directly impacts their daily life and help them be more functional individuals.

Therefore, education and training that is targeted at giving them living skills, will give them a greater sense of control over their lives, the decisions they make, and in turn, support wellness efforts. (Benezra, personal communication, April 28, 2004)

Choosing a Clinician

Perhaps one of the biggest considerations is what kind of professional qualifications a caregiver should possess before they are offered as a viable mental health resource. “A mental health clinician trained in trauma and emergency service workers should be made available to firefighters experiencing stress” (Lemanski and Samuels, 2003, p. 75). With this in mind, resist hiring the first SAP counselor that walks through the door. Ask for a licensed or board-certified analyst trained in counseling emergency responders. Chat with them long enough to determine if they can devise a variety of support options (Kadet, 2003). Kadet (2003) comments that many large providers have hundreds of professionals on call, however, he also emphasizes that, “unless you demand better, they’ll simply send over the first warm body available” (p.113).

Employing a counselor expressly trained in understanding the nuances of emergency service workers is not unprecedented within the City. A review of the Police Department’s Psychological/Psychiatric Counseling and Evaluation contract would show three sources of service. Deer Oaks is an option shared by the Fire Department, as well as the rest of the City. Two additional alternatives specialize in those needs identified by law enforcement. Although Sara J. Hallet, Ph.D., has been made available for both police and fire pre-employment evaluations, both she and Stephen L. Carson Ph.D. have been contracted to deal exclusively for law enforcement in several other areas, including Critical Incident Stress, threat/violence assessments, and support services, consultation, and intervention (City of Peoria, Arizona, 2003). To this point, these “specialized” services are not available to Fire Department employees.

Stress Management Unit

Unfortunately, programs designed to relieve the resulting tensions are often avoided by those that need them the most. Unlike workers in the general population, firefighters tend to

view looking for mental health or substance abuse assistance as more of a sign of weakness than do workers from other professions. Instead, they lean towards seeking out other firefighters to discuss their problems (Smith, 2002). A useful strategy to reduce the effects of stress-related AOD use may include talking to someone about the issues or conditions that are affecting them. Speaking with a person whom you trust may pay dividends by putting things in proper perspective. “It is always good to be able to share your worries and concerns with someone who cares about you” (Capozzoli, 1994, p. 3).

Robert Smith, Ph.D. (2002), a psychotherapist and 24-year veteran of the fire service, believes that a fire department can create a stress management team that can provide the right information on how to minimize the impact of stress. Although he is quick to emphasize that these “peers” do not provide counseling or pry into the firefighter’s personal lives, he does feel that they can make a substantial difference while disseminating information on where to find adequate resources. “Every fire department can set up a peer support unit.” (p. 5). Smith believes that all departments, regardless of size can band together to create such a resource.

Similarly, the law enforcement profession experiences emergency work-related stress. Programs, such as the Central Florida Police Stress Unit, Inc. have been established for law enforcement officers and their families. The unit is staffed by a director and peer-support volunteers who have a variety of training and life experiences. Professional help is available through a collective effort with the Catholic Counseling Center of Orlando. Licensed mental health counselors, marriage and family therapists, clinical social workers, and a consulting police psychologist provide services (Central Florida Police Stress Unit, Inc., 2003).

Ron Tapscott is the Director of Behavioral Health Programs for United Phoenix Fire Fighters (Local 493) and the City of Phoenix Fire Department. He is contracted to provide

consultation, program development, and benefit coordination to all uniformed members.

Tapscott believes that presenting the members of an organization with a peer support option can be viable, providing the “users” are involved in the selection of the peers and that regular training, supervision, and evaluation support the program (Tapscott, personal communication, November 24, 2003). On the other hand, he also believes that “information (education) carries less risk than advice and certainly a lot less than an intervention” (Tapscott, personal communication, April 27, 2004). Instead, he believes the PFD would be better off training the department’s company officers on how and when to intervene on behalf of an AOD risk.

Bonding Extended Families Together

Just as new firefighters are adjusting to an additional set of rules and expectations, so the family begins to cope with the emerging demands on their time and personal resources. “This initial adjustment period is almost always stressful and can set the stage for the family to adapt to the new lifestyle or create a turbulent situation between the department and the family” (Smith, 2002, p.1).

This obstacle can create anxieties within the firefighter, forcing the employee to make choices that may divide their loyalties between their family and their work. Fire departments can benefit by doing everything in their power to assist both the firefighter and their family in adjusting to the job’s demands. This attitude should extend beyond recruit training and be applied to firefighters at all stages of their careers. Unlike other occupations, many firefighters rapidly gain a deep connection to the job and the brothers and sisters at the fire station. This closer association between firefighters can create an extended family for many spouses

and children in firefighter families. These close ties can add additional support people to the relationship. (Smith, 2002, p.1)

In contrast, some families may develop a deep resentment for the unique demands associated with being a firefighter. Shift scheduling, intrusive policies and procedures, and some training requirements often necessitate that an employee is not available during customary family events, such as a child's ball game or a neighborhood barbecue. "Fire department families need access to information that will assist them in processing or adjusting to these difficulties. This information can take the form of printed material, workshops, or training sessions arranged by the department" (Smith, 2002, p.1).

Pastoral Crisis Intervention

Pastoral Crisis Intervention may be thought of as the combination of faith-based resources with traditional techniques of crisis intervention. Pastoral crisis intervention represents an addition to traditional community and organizational psychological support resources. Programs such as those provided by Christian Counseling Centers (2003) can offer non-denominational, non-profit options that include individual AOD counseling, psychotherapy for children, adolescents, and adults, group psychotherapy, premarital and marital therapy, family therapy, psychiatric and psychological evaluation, testing and assessment, and career counseling.

Likewise, the fire service has a long history of collaborating with local chaplaincy programs to provide services to both an organization's members, as well as the community. The PFD has just recently reacquired the services of a chaplain. Although his face and the sound of his sage advice have yet to permeate the membership, Chaplain Kyle Layne had this to say about his ability to support an SAP:

The fire department chaplain provides one more resource for the person struggling with substance abuse. Though not necessarily trained in substance abuse counseling, the chaplain is able to provide spiritual counsel and guidance when dealing with the individual's addiction. Often a spiritual transformation can be the deciding factor in recovery from substance abuse. A fire department chaplain must be ready to refer an addicted person to the appropriate mental health professional; likewise, mental health professionals must be prepared to involve the chaplain in the recovery process. (Lane, personal communication, September 1, 2004)

Class time

On April 26, 2004, this author met with ten students from Dr. Walter Fidler's Masters-level Substance Abuse class. To this date, the classroom discussion had centered on general workplace AOD intervention and treatment issues. However, given the dilemma illustrated in the questions outlined within this research, a full two hours were dedicated to brainstorming a plan to integrate a practical SAP into the PFD. Once some background on the situation was provided, the following recommendations were made:

1. Integrate a two phase education/training process. The first step should include exposing both the Department's membership and the City's Human Resource Department (HRD) to the statistical facts surrounding the need for a comprehensive, fire service specific, employee assistance counselor. Once a program is in place, the second step should focus more on the process, including SAP counseling options, addiction modality, support groups, intervention techniques, and confidentiality and ethical issues.

2. Recruit internal peer support (Stress Management Peers) from the membership.
Investigate the possibility of tuition reimbursement to fund additional training.
3. Create a crisis team of mental health professionals. Instill trust through formal ride-alongs, thereby encouraging confidence and familiarity with each of the providers.
4. Create a panel of pertinent/interested parties (Labor, Management, and HRD) to interview those counselors interested in being included on a “menu” of mental health providers.
5. Survey comparable fire departments, inquiring how their program is managed.

Research Question 4

The final question considered within this research is, “What measures could be taken to insure that a renovated SAP would instill both trust and confidence among the Peoria firefighters, while remaining practical from an administrative standpoint?”

Problem Identification

Before an obstacle can be addressed, it first must be understood. Problem identification involves some type of assessment to isolate the sources and the related symptoms of stress (Murphy, 1995). By learning and identifying the stressors that have an impact on the well-being of firefighters, we gain the advantage in dealing with them effectively and limiting their negative aspects (Fisher, 2002). Group discussions among managers, labor representatives, and employees can provide rich sources of information—in a larger organization, such deliberations can be used to help design formal surveys for gathering input about stressful job conditions (NIOSH, 1999).

An assessment tool should be expected to measure the levels of distress (acute reactions to stressors), as these are considered to be precursors to chronic health conditions. “Measures of distress can be psychological (anxiety, depression, irritability), physiological (high blood

pressure, high muscle tension levels), or behavioral (poor work performance, accidents, sleep disturbances, substance abuse)” (Murphy, 1995, p. 6).

As mentioned, group discussions between both labor and management personnel is one mode to consider. Another is that of employee surveys—Murphy (1995) notes that they are a convenient vehicle for obtaining information about an employee’s performance and state of mind. Regardless of the method used to accrue data, the information should reflect the perceptions of their job conditions and perceived levels of stress, health, and satisfaction (NIOSH, 1999).

Employee Participation

Participative decision-making can be utilized to increase the employee’s perceived influence on the job (Buhler, 1993). One such method used to ensure a collaborative approach is to create a bilateral committee consisting of both labor and management members having a stake in mitigating stress and managing substance abuse. Once the attempt has been initiated and the options identified, the results can be passed along to a team of employees determined to ascertain how best to address the specific issue (Dutton, 1998).

In 2000, PFD labor and management representatives met to create an infrastructure that would support just such an endeavor. Consultant Ronda Hilyer (Agreement Dynamics) facilitated a lengthy process designed to establish a decision-making model that would help promote a more cooperative relationship between the two related entities. Hilyer helped forge what has become the foundation of PFD’s labor-management process. Hilyer (1990) believes that, “Getting agreement often involves problems and conflicts because people have differing values, interests, perceptions or styles” (p.2).

Intervention Design and Implementation

With the assessment results in hand, the next step is to customize an SAP that meets the specific needs of the organization. This can be divided into three phases: primary prevention, secondary prevention, and tertiary prevention (Murphy, 1995). Primary prevention focuses on eliminating the sources of the stress that may lead to AOD abuse, typically through risk assessment and hazard control (Eyre, 2003). Murphy (1995) suggests that these include the organizational, job/task, environmental, and psychological risk factors. There are also legal incentives to act proactively—Eyre (2003) notes that organizations with stress management plans are less likely to be found negligent.

Secondary prevention seeks to short circuit the stress process by reducing the symptoms—it is usually implemented before employees demonstrate clinical signs of illness (Murphy, 1995). “Education and training on contemporary methods, reviews and debates about defusing and debriefing is important here, particularly given current debates and controversies about appropriate methods, impacts and outcomes of psychological debriefs” (Eyre, 2003, p.3).

Fire service administrators should establish a baseline of understanding regarding the nature of occupational AOD use. This is especially significant “where characterization of stressors such as loss, threat, or challenge may be central to both nature and efficacy of the resolution sought” (Gist and Woodall, 1995, p. 769). Managers must be trained to recognize the signs and symptoms of stress in their subordinates. This may include monitoring sick leave and vacation leave and watching at-risk behavior such as drinking and taking more risks than prior to the trauma. Managers and peers must also be given the resources to help firefighters combat such stress (Lemanski and Samuels, 2003).

Tertiary prevention deals with treatment or therapy for individuals experiencing chronic disease (Quick, Murphy and Hurrell, 1992). “They are aimed at helping people to recover if their symptomology persists beyond the initial debriefing or secondary intervention” (Eyre, 2003, p. 3).

With an eye on creating a “roadmap” towards developing a customized approach to mitigate the impact of AOD abuse, Murphy (1995) believes that an SAP is most effective in the areas of primary prevention. This would include the revision of training programs and other strategies that are developed to target those areas recognized through the identification process. Conversely, SAPs are better equipped by training and experience to recommend secondary and tertiary prevention strategies.

Program Evaluation

To ensure a productive measure of effectiveness, an organizational SAP should have some form of evaluative process. “Program evaluation should be linked to the goals and objectives of the intervention, and ideally should employ measures used in the problem identification phase” (Murphy 1995, p.6).

It is also important to note that interventions involving change often garner a measure of scrutiny (NIOSH, 1999). As such, regular tune-ups should become part of the wellness process. Thus, periods for evaluating the program’s components should be established.

Ultimately, an SAP’s effectiveness can only be measured by the documented reduction or elimination of the job stressors creating the problem. Based on the results of the program evaluation, the intervention may need to be refined or completely overhauled (Murphy, 1995).

Kick-off

Once a customized and formatted SAP has been created, the question begs how to introduce the new product for consumption. NIOSH (1999) reports that every stress reduction program should begin with a kick-off event. They help organizations focus on the scope and scale of the problem so that they can better tailor the programs to employee needs (Dutton, 1998).

In summary, discretion is a linchpin to the fundamental success of an SAP. “If there is no trust, no one will get the needed help” (Lemanski and Samuels, 2003, p75).

Bilateral labor and management involvement is a key factor in customizing a proactive SAP. This is accomplished by: (1) identifying the problem, (2) design and implementation, and (3) program evaluation. Hilyer (1990) notes that the existence of a philosophy intended to meld these differing perspectives, underscores the importance of this type of broad employee participation.

Lastly, a kick-off event can help an organization focus on the scope and scale of the problem, while at the same time help usher in a new era of health care-related opportunities.

PROCEDURES

The descriptive research process used in the preparation of this ARP began with a meeting between key Local 493 union representatives and Management to determine the energy and relevance behind the issue of firefighter mental health and substance abuse within the PFD. Subsequent formal and informal meetings included other uniform and administrative members of the department. This culminated in the creation of the WC, a group dedicated to proactively minimizing the impacts of stress and other AOD related problems. The WC assisted in

narrowing the focus of this ARP by agreeing with the spirit of the research, as well as the nature of the four questions being explored within its content.

A comprehensive literature review was conducted to determine what had already been written on the subject of work-related stress, substance abuse programs, and other mitigation efforts. The research encompassed a broad approach. While the examination involved reviewing fire service textbooks, trade journals and magazines, the Internet, questionnaires, and personal interviews, it was not specifically limited to a particular type of resource. Rather, information was also sought from other non-industry related references.

The literature review commenced at the Learning Resource Center (LRC), located at the National Fire Academy (NFA), in March of 2004. Additional literature (Internet) reviews using the key words “fire department,” “substance abuse,” and “employee assistance programs,” were conducted with the collection assistance of Lieutenant Jo-Ann Lorber of the Fort Lauderdale Fire-Rescue Department in September 2003.

To assist in placing this investigation in relative context, the City of Peoria demographics were obtained by reviewing a 2002 job announcement designed to attract applicants for the position of Deputy Fire Chief.

Given a general lack of written commentary on firefighters and substance abuse, a questionnaire (Appendix C) was provided to four counselors that have had some related case experience with various intervention techniques. Three of the four returned the 10-question inquiry:

1. Julio Benezra (CPC) is employed as a counselor with CONTACT Behavioral Health Services. He has been employed by CONTACT since 1987; before that, Mr. Benezra served on the faculty of at the University of Miami School of Medicine.

2. Ron Tapscott, Masters in Social Work(MSW), has spent the last six years as the Director of Behavioral Health Programs for the United Phoenix Fire Fighters I.A.F.F. #493, and City of Phoenix Fire Department. Prior to that, he was in private practice for 17 years in the field of mental health and employee assistance programming.
3. Walter Fidler (PhD) has been in mental health for 29 years and an instructor at Wayland Baptist University for 2 years. His experience includes working with violent offenders and sex offenders within state hospitals and prisons. He is also trained in trauma and critical incident stress debriefing, and provided services in New York following the September 11, 2001 terrorist attacks. Aside from providing general insight into related substance abuse issues, Dr. Fidler facilitated a three-hour class discussion among Masters students on how best to address the AOD prevention within the PFD.

The questionnaire served to spark subsequent interview conversations with each of the three contributors. Ron Tapscott has been of particular assistance. He was consulted several times through emails, phone calls, and face-to-face interviews with other WC members. As a presenter during a recent leadership academy (May 2003), Tapscott's credibility soared with his culturally applicable analysis, and long-term association with Phoenix Fire Department. The unstructured discussion centered on the practicality of the WC, and the prospect of his future involvement as a wellness consultant as a City of Peoria mental health contractor.

A PFD survey was conducted to gather pertinent information from which to make recommendations (Appendix B) on an applicable SAP. On June 1, 2004, the instrument was mailed to 114 PFD members representing four separate divisions:

- Seven management personnel: chief officers and management analyst.

- Ninety three operations personnel: firefighters, captains, battalion chiefs.
- Eight support services personnel: physical resource supervisor, mechanics, fire prevention.
- Six administrative staff: executive assistant, administrative assistants, senior office assistants, office assistant.

A deadline for return was set for June 25, 2004. Each survey participant was asked to answer six questions based upon their perspective of the PFD's current SAP. The questions offered a series of options from which the participants were to check "all that apply". They sought responses regarding their position on:

1. What they would do if an employee came to work appearing impaired by AOD.
2. Their understanding of the City of Peoria's substance abuse policy.
3. What option they would consider if in need of AOD counseling.
4. Who they would seek help from if a family member needed help for AOD.
5. If a counselor participated in ride-alongs, would they consider using his or her professional services.
6. If they personally knew of any member in need of AOD counseling.

Each member was then asked to check a box that represented the division within which they primarily worked. The results of the responses to each question were charted (Results) to provide Management, the Wellness Coalition, and HRD, with a general idea of how an SAP could be refined within the existing EAP.

An interview was conducted with a member of the PFD. Given the confidential nature of the information discussed, the findings could not be duplicated, and were therefore referenced

only in the Background and Significance portions of this ARP. However, the questions and answers (anonymous) are provided for reference (Appendix A).

Limitations

Six months prior to the SAP survey, two other assessments (Appendixes D, E, and F) were conducted to determine the need for a customized EAP. Although the efforts were successful in obtaining consideration in the City's existing EAP, it was the results of the first surveys that inspired this research. Regardless of any preface of confidentiality, none of the responders indicated that they had any AOD issues. Statistically, the WC understood that this was not likely the case. As stated, fire and police workers reportedly suffer from an AOD rate of approximately 10% to 15%. The limitation observed here spawns from the notion that a third intrusive survey within a six month period may be viewed as overkill or unnecessarily invasive, thereby adversely impacting the objectivity of those responding to the study.

The employee testimonials supporting a drastic change in the current fire department's EAP and SAP contain, by design, confidential information. Although in some cases members provided dramatic examples of how they felt the process had failed them, it became impractical to reference any specific details. In turn, such commentary was generalized, and provided as "background and significance." Hence, any person looking to duplicate this research would be limited to those citations provided within the Literature Review and Results portions of this ARP.

Written letters of support from both the Union President and the Chief accompanied the mailed surveys. Given the delicate nature of the questions and some history of distrust in the employee assistance process, there was a measure of apprehension when considering how candid a responder may address the inquiry:

Hey Chief,

I know this sounds crazy, but guys are concerned about being identified on the surveys. That may be one reason that you're not getting them back. Guys have said that they've thrown them away because of that suspicion. (One guy even claimed they have an implanted microdot! Grassy knoll kind of stuff...) Another reason is that they think the information will be ignored. Just a heads up on what's going on out here. (Lopez, personal communication, November 4, 2004).

Nine of the 70 SAP surveys mailed in did not indicate from which PFD division the employee worked. Because a trend suggested that Operations personnel generally mailed their surveys and that civilian employees hand delivered theirs, the nine in question were combined with Operations rather than those of other divisions. In that this assumption was not a certainty and that there are a relatively low number of full-time civilians employed by the PFD (15), this approach may have skewed the results as much as a single percent.

Since the June 1, 2004 mailing date of the SAP survey, CONTACT was replaced by Deer Oaks as the City of Peoria's EAP provider. CONTACT's reputation among many of the PFD members had been tarnished as a result of a stress counseling encounter involving an employee (Appendix A). It is the Wellness Coalition's hope that the stigma attached to the counseling process will diminish, in part because of this change. With this said, the results of a similar survey given today may be different than when the original inquiry was mailed.

Definition of Terms

Ampule – A small glass container that can be sealed and its contents, such as morphine, sterilized.

Captain – First-line engine or ladder company supervisor.

CONTACT – Behavioral health specialist contracted by the City of Peoria to provide mental health services its employees.

Employee Assistance Program – A program afforded by an organization to provide its workforce with a measure of mental and/or physical health care.

Engine – Fire apparatus designed to carry equipment and pump water at emergency fire incidents.

Engineer – Firefighter responsible for the care and maintenance of his or her assigned apparatus (fire engine or ladder truck).

Exempt – Members of the PFD not represented by a labor union.

Fiscal Year – Budget cycle beginning on July 1 and ending on June 30 of each calendar year.

Geriatric Codes – Advanced life support for elderly patients having a heart attack.

Labor – Those non-exempt members represented by Phoenix Firefighters Local 493.

Ladder Truck – Fire apparatus designed to carry various ladders and specialized fire and extrication equipment.

Management – Exempt members hired in a supervisory capacity.

Member or Membership – All PFD employees, regardless of rank or responsibility.

Non-exempt – Members represented by a labor union.

One-time Money – Funds made available by the City of Peoria, to be used on those capital projects (\$5,000 or more) that are determined to have no on-going related costs.

Referenced in Results: “actions taken.”

Personnel Specialist – The representative responsible for managing the personnel issues on behalf of Local 493.

September 11, 2001 – A date linked with three commercial airline terrorist attacks on the World Trade Center in New York, the Pentagon in Washington D.C., and a crash in Pennsylvania.

Shift – A 24-hour span of time (0800 to 0800) designated as work hours for PFD uniformed members.

Substance Abuse Program – A program afforded by an organization to provide its workforce with alcohol and drug education, prevention, and health care.

Uniformed Members – PFD members (ranks: Firefighter through Chief Officer) sworn to protect the life and property of the citizens of the City of Peoria, Arizona.

Wellness Wagon – A combined labor and management program designed to welcome the families of new PFD employees.

RESULTS

As noted within this ARP's Research Plan, a series of counselor inquiries and cross-industry literature reviews were employed to address each of the four questions posed within this research. A PFD employee survey was also evaluated to specifically address the third and fourth questions.

The following is a synopsis of the key information extracted from the three counselors that responded to the SAP questionnaire. The full context of each counselor's responses has been captured within Appendix C.

Question one of the questionnaire outlines the qualifications of each of the three counselors. These are reflected in the Procedures portion of this ARP.

Question two of the questionnaire asked the responders to describe an effective intervention relationship between the family, union, employer, and EAP counselor(s).

1. Tapscott focused on four primary aspects: 1) goal setting, 2) communications 3) training, and 4) testing.
2. Benzra concentrated on gathering all the “stakeholders” to plan the intervention. The intent of this effort would be to identify each of the relationships and levels of commitment, practice an approach, propose a mode of mutual support, and clarify what would happen if the substance abuser refuses their assistance.
3. Filder’s course of action included “getting rid of” the “us versus them” mentality through ongoing training and education.

While both Tapscott and Fidler tout training as a primary tactic, the common denominator of each of the three approaches is communication.

Question three inquires about how confidentiality and trust can be maintained while enlisting the support of the employer and union?

1. Tapscott was clear that federal confidentiality regulations, data privacy acts, and State (Arizona) statutes severely limit a clinician from releasing names or EAP records without client approval. However, exceptions to these standards may be required by law in situations when there is “clear and present danger” to self or another, child and elder abuse, a court subpoena, or national security issues.
2. Benzra suggested that preparation and foresight are the key issues. He postulates that the counselor could create mock scenarios in which each of the stakeholders could agree to and practice assisting an employee without breaching any confidentiality.

3. Again, Filder relied on education, stressing that each of the stakeholders must understand that this is a supportive team effort.

Whereas Tapscott focused on the legal aspects of confidentiality, the other two approached it more from a relationship angle, underscoring the need to proactively meet, agree, and educate all the stakeholders.

Question four asks “what role does the insurance company play in determining those conditions that are covered, the options available, and the timelines allotted for recovery?”

1. Tapscott was brief, stating, “Depends on the specific policy and benefit package” (personal communication, April 27, 2004)
2. Consistent with his other responses to this point, Benezra suggested that the insurance companies get involved in educating providers and clients. By sharing how the process works, the emphasis should develop a “win-win scenario for all involved.”
3. As in Tapscott’s case, Fidler was succinct, “The insurance company leads the show” (personal communication, April 26, 2004).

It is interesting to note that the shortest answers each of these counselors provided had to do with the involvement of insurance companies.

Question five requests the responders to estimate the percentage of people that experience a slip (brief episode of AOD use followed by a period of abstinence) or a relapse (returned to uncontrolled AOD use); and what percentage of people have managed a controlled form of recovery.

1. Tapscott expressed that it varied, depending on the drug, length and amount of use, specific psychological make-up of the individual, length of time in

treatment, and the client's level of motivation. He did share that it is not unusual to see a 50% relapse rate within the first year.

2. Benezra did not provide an estimation.
3. Fidler was much more definitive than Tapscott. He believes that slips and relapse (to some degree) are initially guaranteed, but may be reduced to a 40-60% rate.

It would seem pertinent while designing an effective SAP that roughly 50% of the clients will likely fail at getting clean from drugs and alcohol.

Question six inquires whether the counselor can envision a situation where a contingent of fire department members may fill the role of the "family" as part of an intervention effort.

1. Tapscott does not support the concept, stating that such an effort "would be exceptional and only with the supervision from a professional."
2. Benezra disagrees, indicating that the fire department already has a culture where employees see themselves as more than co-workers. He sites examples that include living together for 24 hours at a time and the unique trust that develops between the members. Benezra does recognize the potential for a conflict of interest, but with work, he believes that a client's "legal" family and "work" family can work in harmony to make a difference.
3. Fidler clearly states that there is a place for firefighters to intervene as a "loving and compassionate" family (personal communication, April 26, 2004).

Some differences in opinion are expressed here. Perhaps because of a potential conflict of interest or breach in confidentiality. Tapscott is more leery than the other two clinicians about involving fire department members in an intervention effort.

Question seven seeks whether a firefighter could be trained as an intermediary or conduit of information, offering advice to other members as to what options are available.

1. Once again, Tapscott does not fully support the concept; instead he believes that training and education carries “less risk” than an intervention team.
2. Once again, Benezra disagreed with Tapscott’s hesitance. He notes that the concept of Peer Support Personnel (PSP) has been used successfully with Critical Incident Stress Management (CISM) programs throughout the country. Under Benezra’s model, PSP would require a significant amount of training in crisis intervention and could not act alone at any time. The specific education would target living skills, thereby providing clients with a greater sense of control over their lives.
3. “Yes to yes.” Fidler believes that a support group could be created that would minimize the fear of job loss.

A trend seems to be growing. Tapscott’s association with a municipality may provide him with either greater insight or cynicism that the other two do not share.

Question eight elicited a unanimous response: training and education are critical to the success of any program expected to improve on an organization’s wellness.

Question nine asks, “Given the 24/48-hour schedule of the fire service, what method(s) of intervention do you consider the most practical (effective) for fire service personnel?”

1. Tapscott underscores to be proactive by beginning with education and prevention, while reserving the interventions for family and supervisors who are trained to identify “troubled employees”. He also makes the point to include the EAP in that process.

2. Benezra's final response was to blend the education and training with creating an internal support group.
3. Fidler felt that success could be best achieved by creating an influential atmosphere instead of a punitive one.

In conclusion, although each of the counselors did not necessarily agree on all issues, there seemed to be a consensus regarding the proactive nature of training and education. In the cases of information sharing and intervention, both Benezra and Fidler further supported the notion of fire department fostered support groups to augment a substance abuser's "legal" family in an effort to provide guidance and support.

Peoria Fire Department Substance Abuse Survey – (June 1-25, 2004)

Research question three asks, "What methods of AOD intervention and treatment are the most practical for the PFD membership?" Question four inquires, "What measures can be taken to insure that a renovated SAP would instill both trust and confidence among the PFD membership, while remaining practical from an administrative standpoint?" The following is a statistical synthesis of the outcome of the assessment.

Of the 114 PFD surveys mailed, 70 (61%) were returned; of those, 3 (.04%) identified themselves as Management (Mgt), 59 (83%) as Operations (Ops), 5 (.07%) as Support Services (Spt Srv), and 3 (.04%) as Administrative Staff (Staff) personnel.

The survey results identified within each table are listed first by the number responding affirmatively in that category and second by a corresponding percentage calculated by dividing that number by the total number of responses within each division.

Table 1 addresses what kind of action an employee may take should they encounter another member seemingly under the influence of AOD.

Table 1: Coming to Work Impaired by Alcohol or Drugs

| If an employee were to come to work in a condition that you considered impaired by alcohol or drugs, you would: (check all that apply) | | | | |
|---|------------|------------|----------------|--------------|
| Options | Mgt | Ops | Spt Srv | Staff |
| Report it to a supervisor (chain of command) | 3/100% | 35/59% | 5/100% | 3/100% |
| Review the City's policy on substance abuse | 2/67% | 14/24% | 1/20% | |
| Seek guidance from a union representative | | 23/39% | 1/20% | |
| Seek guidance from a peer | 1/33% | 15/25% | | 1/33% |
| Send the employee home sick | | 27/46% | | |
| Seek help from an outside source | 1/33% | 5/8% | | |
| Cover it up | | 1/2% | | |
| Ignore it – "It is none of my business" | | | | |

The significance of this study becomes apparent when it is understood that no more than 59% of the PFD Operations membership would use the chain of command to report another member showing up to work impaired by alcohol or drugs. Despite the hazards associated with this condition while operating heavy equipment or making life-altering decisions, a lack of education and/or trust in the current SAP would prevent a shift firefighter from taking action 41% of the time. In fact, should this occur, as few as 14 (24%) would consider reviewing the policy on what direction to take. It is also noteworthy that the Union only garnered 39% of the confidence vote.

Table 2 illustrates each member's perception of how an employee would be treated or "processed", should they be found using alcohol or drugs.

Table 2: Employee Understanding of Substance Abuse Policy

| Check the box that best applies to your understanding of the City's substance abuse policy: (Check all that apply) | | | | |
|---|--------|--------|---------|--------|
| Options | Mgt | Ops | Spt Srv | Staff |
| I trust that the process would work to the best advantage of the employee | 2/67% | 8/14% | | 1/33% |
| I believe the employee will be terminated, regardless of whether he or she is tested for drugs or alcohol | | 3/5% | | |
| I believe that the employee will be drug tested, and if found "using" will be terminated | | 26/44% | | |
| I believe that the employee will be drug tested, and if found "using" will be remanded to an employee assistance counselor and/or treatment program | 3/100% | 33/56% | 5/100% | 3/100% |
| I did not know that a policy related to substance abuse existed | | 3/5% | | |

Although the results identified within Table 2 are mixed, one statistic stands out among the rest: only 11 responders (including all four divisions) "trust that the process would work to

the best advantage of the employee.” While 33 (59%) believe that an employee found “using” will be remanded to an EAP counselor and/or treatment program, it seems apparent that most of the PFD membership has little faith in the motivation behind the process.

Table 3 typifies what responders felt were the most attractive options available to them if they, or a family member, were in need of counseling services.

Table 3: Counseling Options

| If you, or a family member, were in need of substance abuse counseling, you would: (Check all that apply) | | | | |
|--|------------|------------|----------------|--------------|
| Options | Mgt | Ops | Spt Srv | Staff |
| Use one of the City’s existing counseling options (CONTACT, or Biodyne) | 2/67% | 14/24% | 3/60% | 1/33% |
| Seek an alternative counselor | | 32/54% | 1/20% | |
| Seek a counselor through a church or Department Chaplain | 1/33% | 23/39% | 1/20% | |
| Attempt to address it with the help of family and/or friends | 1/33% | 27/46% | 2/40% | 2/67% |
| I would not seek help | | 1/2% | | |

With the exception of “I would not seek help” (2%), the City’s counseling option (24%) garnered the least confidence among Operations personnel. The greatest support would be sought from the outside (54%), with family or friends (46%) and a department chaplain (39%) garnering the most support.

Table 4 represents inquires about which rank or position would most likely be consulted should a member have a stress or alcohol/drug related question.

Table 4: Who would you talk to?

| If you need to speak to a Fire Department member about a stress or alcohol/drug related question, you would go to: (check all that apply) | | | | |
|--|------------|------------|----------------|--------------|
| Options | Mgt | Ops | Spt Srv | Staff |
| Friend/coworker | 1/33% | 38/64% | 4/80% | |
| Captain | | 8/14% | | |
| Union officer/representative | | 17/29% | | 1/33% |
| Battalion Chief | | 7/12% | | |
| Operations Chief | | 1/2% | | 1/33% |
| Human Resource Representative | | 1/2% | 1/20% | 1/33% |
| Spouse (significant other) | 3/100% | 36/61% | 2/40% | 1/33% |
| I would not seek help from a member of the department | | 12/20% | 1/20% | 1/33% |

Continuing the trend, a friend or coworker (64%), and/or a spouse garnered the most percentage points (61%) among Operations personnel. A similar trend is present within the other three divisions.

Questions 5 and 6 were “yes,” “no,” or “maybe” inquires. Table 5 inquires about the impact a ride-along program may have on whether a member would feel more comfortable contacting a counselor.

Table 5: Counselor Ride-along

| If a counselor were to “ride-along” (Become familiar with fire service-related stressors and culture) would you consider seeking their professional services? (check all that apply) | | | | |
|---|------------|------------|----------------|--------------|
| Options | Mgt | Ops | Spt Srv | Staff |
| Yes | 1/33% | 10/17% | 1/20% | 1/33% |
| No | | 12/20% | | |
| Maybe | 1/33% | 35/59% | 4/80% | 1/33% |

It is interesting to note that as few as 12 (20%) of responders would not even consider using a counselor after getting to know them through a ride-along program. Given a goal to improve trust and communication, the hedging towards maybe 59% (Operations) is likely a better sign than the 10 (17%) that affirmed their confidence in the new relationship.

Table 6 reflects a very frank question regarding the membership’s direct knowledge of those that may have a drug or alcohol problem.

Table 6: Personal Knowledge of a Problem

| Do you personally know anyone (including yourself) working for the Peoria Fire Department that may need help with an alcohol or drug problem? (check all that apply) | | | | |
|---|------------|------------|----------------|--------------|
| Options | Mgt | Ops | Spt Srv | Staff |
| Yes | 2/66% | 7/12% | | |
| No | 1/33% | 41/69% | 5/100% | 3/100% |
| Maybe | | 6/10% | | |

The fact that there may be as many as 13 members that may have personal knowledge of such a case is revealing. Between Management and Operations, nine have admitted to having definitive information.

DISCUSSION

The results of this research indicate that the members of the Peoria Fire Department should have access to a comprehensive SAP designed to meet the specific needs of its membership. What cannot be sufficiently illustrated through data collection or the scanning of publications is the likelihood that an SAP has a chance of succeeding. In fact, much of what a researcher is left with after sifting through stacks of fire service related material, are anecdotal headlines depicting organizational failures. That is not to say that both private and government sponsored programs and research has not produced effective results; it is merely a commentary on how little has been done to apply these victories to the fire service. However, both the Literature Review and the Results sections support the conclusion that, although the current EAP and SAP are inadequate to generate confidence among some of the membership, there exists an opportunity to build a system through partnerships and education that will have a positive impact on the PFD.

Research question one inquires about the risk factors related to substance abuse and firefighters. In most ways, firefighters are not much different than the community they serve. Many are married or have a “significant other,” they are parents, belong to the PTA, have hobbies, and they experience the common stressors associated with each of these activities and relationships. The difference according to Benezra (Appendix C), is that the personal characteristics often attributed to firefighters can trigger substance abuse. He defines it as “rescuer personality,” a phrase that illustrates people that tend to take an inordinate amount of

risks, have high personal standards, are controllers, and have a burning desire (pun intended) to “make a difference.” Durand and Barlow (2003) note that one of the key reasons for AOD is to escape or cope with stress. It is not hard to add the two together – firefighters are high energy people that work in an extremely stressful environment. Alcohol and drugs, regardless of any ideological intentions, will be abused by members of the profession. In truth, approximately 10% to 15% of all firefighters abuse drugs and alcohol (Psychology, 1993). Therefore, if a more effective SAP is not fostered within the PFD, a lack of confidence in the current HRD, Administration, and EAP will undoubtedly lead to safety violations and possibly death.

Research question two considers what role(s) the fire department “family” play in managing an effective SAP. Webster (2004) allows for a loose definition of family to be applied to the fire service. As such, a person may expect that those reactive interventions normally attributed to substance abuse cases may be applied as readily to a fire service family as it may to a “natural” one. It is not that simple. Matters of trust and confidentiality have effectively sapped the plausibility out of such a unified approach. The Department of Health and Human Services (42 CFR) insures that confidentiality among practitioners is carefully managed. The only way of getting around such a clause would be to have a client sign a release, thereby granting those planning an intervention access to the information necessary to chart a course of action. Unfortunately, this is contrary to spirit of the process – it is not likely that a member already subject to denial and paranoia will readily sign a document intended for their friends and family to conspire “against him.”

This leaves the proactive approach to integrating the fire service family into the mix. Each of the three counselors (Appendix C) agrees that education is the best approach to managing an effective SAP. Benezra even suggests incorporating employee scenarios to

desensitize the discussions, build consistency, and reaffirm organizational expectations. To this point, very little faith (Table 3: Operations - 24%) is given to the reactive options provided by the City's EAP. It would appear that a proactive approach designed to integrate each of the two families (fire and natural) would give the PFD its best chance of success.

Research question three seeks the methods of AOD intervention and treatments that are the most practical for the Peoria Fire Department (PFD) membership.

Although a few questions will continue to loom until the process has been codified, it does not take a clubbing to understand some of the vital issues regarding intervention and treatment. The first, and perhaps the most important, is of engendering trust and confidentiality. Table one illustrates that of the 59 Operations employees that responded to the survey, 27 (46%) would send an employee home sick rather than *subject* them to a policy that may ultimately lead to their termination (Ellis, personal communication, June 3, 2004). Confidentiality within the confines of 42 CFR and City policy may exist, however a paranoia surrounding the motive remains prevalent; only 14% of the line personnel trust that the process would work to the best advantage of the employee (Table 2).

Lemanski and Samuels (2003) are clear on the issue of professional counselors. They are adamant in their assertion that a fire service organization should have access to a person or program specially trained to manage the pressures unique to emergency workers. Kadet (2003) quipped in like fashion, "Unless you demand better, they'll simply send over the first warm body available" (p. 113). NIOSH (1999) also concurs, reporting that an SAP must be customized to suit each profession, and ultimately, each organization.

It makes sense, given that fewer than 25% (Table 3) of those most in need of counseling services would not use the City's current EAP services, that the PFD would seek an alternate

source. Forty five out of 59 (76%) Operations personnel agreed, indicating that if they became more comfortable with a fire department counselor during a ride-along, they may be more likely to use them, should the need arise (Table 5).

The most controversial application of intervention is that of a stress management team designed to provide a conduit leading to more information and resources. While it is true that Robert Smith, Ph.D. (2002), Filder, and Benezra (Appendix C) believe that peers can be a viable option to reducing the effects of AOD-related conversation, Tapscott is pensive about the idea. As the only person that has had specific, long-term experience with firefighters, Tapscott has germinated a great deal of credibility among the PFD membership, including with this researcher. Statistically, (Appendix F; Figure 4) there is some support among the firefighters, but this will have to be one of those areas that, if considered, will need to be broached slowly, thus reaffirming the importance of family and confidentiality.

Training and education were the most common themes found throughout the Literature Review and Results sections of this ARP. Tapscott (Appendix C) used a single word to sum it up “critical.” The trend continued through Fidler’s substance abuse class discussion (personal communication, April 26, 2004), and was at the top of the list with NIOSH (1999). The ironic thing is that only three of the entire 61 total responders to the survey indicated that they did not know that a policy related to substance abuse existed (Table 2), yet, after a few phone calls, it was discovered that the City does not actually have a comprehensive policy addressing the subject. Instead, such corrective action managed within the City is determined based on behavioral guidelines and union contracts. Regrettably, Local 493 does not have any specific language addressing substance abuse.

Lest we forget the power of prayer, chaplain Kyle Lane will certainly provide a measure of comfort to as many as 39% of our membership (Table 3). His complementary approach may prove the most viable of all the choices (Lane, personal communication, September 1, 2004).

Lastly, this ARP sought answers regarding what measures can be taken to insure that a renovated SAP would instill both trust and confidence among the PFD membership, while remaining practical from an administrative standpoint. Again, confidentiality, collaboration, education, and process (clear policy and kickoff) are the secrets to success. If only one lesson is learned as a result of this research, let it be the importance of confidentiality within the context of employee assistance (Appendix F; Figure 3). The credibility of the program and its administrators depends on the trust cultivated between those involved. “If there is no trust, no one will get the needed help” (Lemanski and Samuels, 2003, p. 75). Conversely, should the PFD proactively employ a collaborative approach to education, mitigation, and consultation, the fruits of these efforts will likely spread to include improved employee morale, strengthened labor-management relations, a diminished number of sick days, and increased productivity (Dutton, 1998).

A participative approach to developing an SAP ensures a collaborative effort and employee buy-in (Buhler, 1993). The WC is proving to be a good labor/management foundation from which to work from. It fosters the approach that Hilyer (1990) successfully planted in 2000.

In conclusion, as complicated as the problem can be, the path to a solution seems clear. The trailhead begins with a collaborative approach and subsequent education as to how the program is managed. The rest of the journey will certainly maneuver around the obstacles of accountability and trust; however, these are assuredly the same issues that any effective plan

faces when dealing with alcohol and drug abuse. The character of the program begins with an earnest attempt to make a difference in the lives of the community and the PFD membership.

RECOMMENDATIONS

Wellness Coalition

Continue to cultivate a bond through the newly established Wellness Coalition. The collaborative decision-making format will: (1) build trust and minimize the stigma associated with mental health, (2) increase the number of practical resources available to the PFD membership, and (3) continue to foster cooperative relationships between a labor and management. The WC should continue to use the “problem identification, design and implication, and evaluation” model (Murphy, 1995) as a benchmark to focus their energy and commitment.

Employee Involvement

Facilitate increased employee involvement (Buhler, 1993; Dutton, 1998). As important as it is to participate in programs and meetings within the collaborative Labor/Management process, it has at times created additional stress for many PFD members. The faces in each of these committees are often the same—in some cases, time may be taken from an individual’s family, and that off-duty energy, normally used in relieving tension, is used managing department related issues.

A Local 493 and Management representative has embarked on an information/education campaign intended to generate more participatory interest among PFD members.

Customize the Approach

On an annual basis, conduct a “check-up” survey that measures the level of confidence and effectiveness in the employee assistance efforts with those of the preceding years. With that information, continue to adapt the approach to the evolving needs of the PFD membership. This long-term approach will serve to expand general awareness, confirm organization commitment, and strengthen the support network of those having a natural stake in the outcome (NIOSH, 1999).

Blend the Families

Resulting from this research, the PFD has created a Wellness (Welcome) Wagon. As implied by the name, the program welcomes new fire department employees into the PFD extended family. With consideration toward helping members through their initial adjustment period (Smith, 2002), this open hand is offered to all new full-time employees, including administrative staff and technical support.

Mental Health Provider

The fire service is a field unique in character, tradition, and responsibilities. As such, its members are faced with an array of stress related difficulties that range on a scale unlike many other professions. Although the City’s current EAP process meets many of the needs of its employees, it often fails to recognize and provide necessary support to responding members of the fire department. A firefighter’s unique shift schedule, disruptive sleep and eating patterns and interpersonal working relationships make for unusually high stress levels.

As of July of 2004, the PFD was successful in obtaining the services of Ron Tapscott to complement the City’s current EAP. Mr. Tapscott has yet to be integrated into the WC, but has contractually agreed to: 1) assist in the drafting of a new substance abuse policy, 2) provide three

education sessions per year to the PFD membership, and 3) offer his services to all members, regardless of their status or rank. It is recommended that, while Tapscott has extensive experience with the Phoenix Fire Department, he will work with the WC to model a plan that specifically addresses the culture and concerns of the City of Peoria and its fire department. It is also recommended that Tapscott lead an investigation into the potential of integrating some form of peer counselors into the PFD.

Peer Counselors

Several questions still exist regarding the confidentiality and overall effectiveness of peer counselors. This concept proposes that selected employees would be afforded an advanced level of training in the early recognition, education, and triage of firefighter stress. These individuals are not intended to take the place of professional practitioners; rather they are available to augment the more holistic approach of wellness by acting as a conduit between the members and additional resources. As is the case with paramedics, these peers would report to a licensed mental health “base practitioner” (Tapscott, personal communication, November 24, 2003) capable of providing training, structure, and ongoing advice throughout the process.

It is recommended that a two to four member labor/management committee be formed to investigate the concept further. It is also suggested that, as part of this process, an on-site visitation be funded to interview Dr. Robert Smith and a few members of the Washington Township Fire Department (WTFD) Stress Management Team (SMT). Dr. Smith is a published author (Fire Chief.com) and facilitator of the Indianapolis-based SMT. Although much of this may be possible by phone, it is felt that, given the intrusive nature of the program, a more comprehensive investigation can occur in person.

Secure City of Peoria Administrative Support

Many of the collaborative approaches to stress management can be developed without the securing of additional resources, however several of the new tactics will require additional time and money to accomplish. As such, stronger relationships must be developed between the WC and the City of Peoria Administration—to include: Human Resources, City Wellness Committee, Finance Department, and the City Manager's office.

It is a recommendation that the findings of this ARP be presented to representatives of each of these administrative offices in a united labor-management effort to gain on-going financial support through the supplemental budgetary process.

Training and Education

As noted, Ron Tapscott has been contracted to provide three formal trainings per year. It is recommended that this effort be followed up by several ride-alongs (Appendix D) to help facilitate a comfort level between the clinician and his potential clients. Furthermore, it is recommended that a kick-off event be facilitated that would include, not only an introduction as to what will be offered through Tapscott, but also those services now offered through Deer Oaks (City's EAP), and other private practitioners.

Expectations for Change

The problem has been that the Peoria Fire Department's EAP is largely considered ineffective by its uniformed members. The purpose of this research has been to develop a comprehensive SAP that is uniquely applicable, proactive, and inclusive, thereby rendering it useful by the members of the Peoria Fire Department.

The affiliates of the WC believe that if, as a result of the proposed budget presentations, some degree of success is earned, a change for the better would occur. Already, the wellness efforts presented on behalf of the PFD membership have produced a measure of good will between Local 493 members and management staff.

Wellness Coalition members are also encouraged by the preliminary (informal) support provided by members of the HRD—in fact, a member of HRD has agreed to sit on the WC committee. However, if an appreciable change does not occur, and it is believed that the documented wellness needs of the PFD membership have, in some way, been minimized, the gaps of trust may be widened.

Recommendations for Future Readers

For readers interested in duplicating this research, it is recommended to follow a systematic approach:

1. Determine the problem, and commit to its resolution. There will be times when a researcher's interest and/or support will wane. Be sure that you are committed to the topic, or your hardships will be reflected in your final product.
2. Narrow your topic; keep the questions to three or fewer.
3. Establish a relationship with the National Fire Academy Learning Resource Center. They are extremely helpful in gathering research information.
4. Do not rely solely on fire service-related sources. Industry has a lot to say on the subject, and is generally more apt to seek alternative solutions.
5. Establish an early relationship with your evaluator; seek advice as to the direction that you are going.
6. Develop partnerships with the labor group. It will pay long-term dividends.

7. The confidentiality of the surveys should be protected – work with labor to develop the questions and collect the data.
8. Share your ideas with a confidant you trust. Your eyes will begin to blur--it helps if another can give you critical feedback.

Firefighters are people exposed to tremendous amounts of physical, emotional, and spiritual stress; stress leads to substance abuse with 10-15% of all firefighters; substance abuse leads to complacency, delusional thoughts, and poor decision making; the community in which we serve relies on strong men and women making sound decisions. Substance abuse and the fire service do not add up. It is this researcher's final recommendation that a customized approach to each organization's mental health needs, in particular those dealing with substance abuse, be researched, developed, and consistently evaluated for improvement.

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APPENDIX A

Employee Assistance User Questions

As a user of the City of Peoria Employee Assistance Program, can you describe your experience in terms of:

1. Confidentiality:

In my experience there s no such thing as true confidentiality. I think once you activate EAP you are thought of as a liability not a person.

2. Credibility of the counselor (understanding of fire service culture, shifts, responsibilities, and relationship):

None of the counselors understood what we do or how we do it. When I tried to explain to them how are family “the fire fighters” interact and deal with problems they thought I was in a fantasy world. They are profit motivated the less the listen the longer it takes the more money they make.

3. Ability for the program/counselor to (1) understand your personal and professional issues, (2) provide an effective plan/solution(s):

I think the program is set up for the 9 to 5 I hate my job type of people. When I explained to them that my job is also a way of life and that I love what I do they thought I was trying to pull the wool over there (sic) eyes. As for a plan you jump through there hoops tell them what they want to here not what you feel and you will do fine. What helped me the most get over my depression from my divorce were the guys at work “even though I was cast out by the powers to be” and time.

4. Has there been any follow-up? If so, please describe your impressions:

I no longer am required to see any one from contact.

5. Do you have anything else to share that may help the Wellness Coalition improve the level of EAP service provided?

When I first came to my supervisor with my problem I felt totally confident that I would get the help I needed and wanted. As the days and weeks progressed I felt more and more like a criminal trying to prove my innocence. I truly think that in cases of depression for what ever reason other than a true criminal act we need to take care of our own and keep things in house. There are AR vans that respond on calls with us to help people when there is a death or something traumatic happens to them. There is no AR van for us the helpers.

Note: When asked if the employee had shared his/her experiences with other members of the department, he/she admitted that he had.

Peoria Fire Department Substance Abuse Survey

This survey is completely confidential. The information derived from these responses will be used to determine the focus of our Labor/Management wellness efforts, and as justification for funding to secure a counselor specializing in the support of fire service personnel. Please answer the questions as honestly as possible based on how you feel they relate to your personal experience and the current culture of the Peoria Fire Department.

If an employee were to come to work in a condition that you considered impaired by either alcohol or drugs, you would: (Check all that apply)

- ☐ Report it to a supervisor (chain of command)
- ☐ Review the City's policy on substance abuse
- ☐ Seek guidance from a union representative
- ☐ Seek guidance from a peer
- ☐ Seek help from an outside source
- ☐ Send the employee home sick
- ☐ Cover it up
- ☐ Ignore it – "It is none of my business"

Check the box that best applies to your understanding of the City's substance abuse policy: (Check all that apply)

- ☐ I trust that the process would work to the best advantage of the employee
- ☐ I believe the employee will be terminated, regardless of whether he or she is tested for drugs or alcohol
- ☐ I believe that the employee will be drug tested, and if found "using" will be terminated
- ☐ I believe that the employee will be drug tested, and if found "using" will be remanded to an employee assistance counselor and/or treatment program
- ☐ I did not know that a policy related to substance abuse existed

If you, or a family member, were in need of substance abuse counseling, you would: (Check all that apply)

- ☐ Use one of the City's existing counseling options (CONTACT, or Biodyne)
- ☐ Seek an alternative counselor
- ☐ Seek a counselor through a church or Department Chaplain
- ☐ Attempt to address it with the help of family and/or friends
- ☐ I would not seek help

If you needed to speak to a Fire Department member about a stress or alcohol/drug related question, you would go to: (Check all that apply)

- ☐ Friend/coworker ☐ Captain
☐ Union officer/representative ☐ Battalion Chief
☐ Operations Chief ☐ Human Resource representative
☐ Spouse (significant other) ☐ I would not seek help from member of Department

If a counselor were to “ride-along” (become familiar with fire service-related stressors and culture) would you consider seeking their professional services?

- ☐ Yes ☐ No ☐ Maybe

Do you personally know anyone (including yourself) working for the Peoria Fire Department that may need help with an alcohol or drug problem?

- ☐ Yes ☐ No ☐ Maybe

Please check the box that indicates your Division:

- ☐ Administration ☐ Operations ☐ Support Services ☐ Administrative Staff

Substance Abuse in the Fire Service

Intervention and Treatment: Tough Love or Tough it out

1. **Briefly describe your experience with substance abuse as it relates to the fire service (emergency services).**

Tapscott

Director of+ Behavioral Health Programs for United Phoenix Fire Fighters (I.A.F.F. #493) and City of Phoenix Fire Department, providing consultation, program development, benefit coordination, and direct service.

- Provide consultation to initiate and monitor the ongoing efforts in the Phoenix Fire Department to create and maintain a drug free work place. Create a working relationship between the Personnel Chief and the Behavioral Health Program to ensure the treatment of employees who have substance abuse issues and create preventative programs.
- Provide resources and referral mechanisms to supervisors who are engaged in managing employees whose job performance may be impacted by substance abuse issues.
- Employee assistance programming, contract management, and treatment includes chemical dependency assessment, treatment, case management, training and treatment supervision. Training includes supervisory and management referral methods, signs and symptoms of chemical dependency among employees, and policy and procedure guidelines to manage employees who are chemically dependent. Training also includes training of peer counselors to identify and support chemically dependent co-workers through the treatment process.

Julio Benezra

There is scientific and anecdotal evidence that indicates that the same factors that make firefighting one of society's most challenging and potentially rewarding vocations can also put these same individuals at risk for substance abuse, depression, and other mental health issues. Risk factors often include a co-mingling of personal and environmental components. When environmental factors are out of the emergency responders control and the firefighter has traits of what has been called the "rescuer personality", the risk increases significantly. The "rescuer personality" indicates that fire fighters can be:

- Risk takers who are action-oriented, seek immediate gratification, and are easily bored. This might indicate that they overestimate their ability to handle a personal, professional or environmental challenge and underestimate the risk of doing so. This might lead to initiating the use of a mood altering substances and for relapsing after cessation.

- Emergency responders have high personal standards and are driven by internal motivating factors, such as a need to do a good job in all they endeavor. When those expectations are not realistic and are not met, this might contribute to a need to suppress feelings of failure and initiate the use of mood altering chemicals.
- Firefighters have a strong desire to be in control of incidents, themselves, and others around them. Frustration could increase when a situation is outside their control, leading to feeling a failure, and increase the risk for using mood altering substances.
- Emergency responders are traditionally oriented, loyal, and dedicated. These traits indicate a strong sense of right, wrong, and community, all leading to a desire to “make a difference”. Given all the situations that firefighters are exposed to, their sense of values and priorities can be severely challenged. This can lead the firefighter to “burnout” and increase the risk of substance abuse.

Finally, firefighters have a strong desire to be “needed” and like being the “good guys” coming to the rescue. When they cannot meet that desire, they can experience significant frustration, depression, and turn to mood altering chemicals to self-medicate.

Fidler

Trauma and family issues

2. **It is said that an effective AOD intervention requires a unified effort between all those having an interest (or stake) in the individual. Describe an effective intervention relationship between the family, union, employer, and EAP counselor(s).**

Tapscott

Each have different and specific roles:

- Department Administrative Actions
 - Goal Setting and Description
 - Policy Statement
 - Statement of Need
 - Position Statement
 - Department’s Responsibilities
 - Employee’s Responsibilities
 - Sanctions for Violations
 - Procedures
- Communications and Training
 - Training Managers, Captains, and Chiefs
 - Educating Employees
 - Informing Job Applicants
 - Informing the Public
- Testing
 - Legal Review
 - Schedules
 - Pre-employment

- For Cause
 - Random
- Family
 - Speaking with a family member

This could be a difficult discussion. You will be bringing more to the discussion when your concern for your friend is combined with information. Learn more about substances and addiction. Resources are available for you as well as your friend. Additional information or someone to help put together your approach might help you. Avoid times when your friend is under the influence. They won't hear what you're saying and the situation could turn out badly. Keep it private and uninterrupted. Try to keep the distractions (phones, beepers, etc.) to a minimum. They provide opportunities for your message to lose its power. No matter how difficult he or she has been they are not a bad person. They may be suffering from the affects of the use or addiction in a way that makes them hard to be around. The use of the substances may be causing them to be hurting the people closest to them. State your concern for their health.

You're talking to them because you care about their life and health. Saying that you are concerned will clarify that you are not blaming or resentful. Bring up your observations regarding the negative impact of substance use in this person's recent past. Note what you have seen and experienced. Use "I" phrases, such as "I noticed" or "I'm worried", since your friend can't argue with your observations and feelings. Chronic or addictive substance use impacts what we all care about most: career, children, spouses, friends, etc. Sometimes people struggling with substances are more concerned about career, family, and friendships than they are about themselves. Preaching doesn't work but a nudge or push at the right time can help. If they react with anger or defensiveness restate your concern for them and their health. If they persist back off. Ask for permission to keep in touch. Better to return on another day than pursue a dead end conversation. Those with alcohol or drug problems may deny they have the problem. They may find it difficult to ask for or accept help. Your expression of courage and concern may be the thing that makes the difference. People who use substances chronically or addictively often think it is their "secret". Letting them know that you know can make them aware that the problem is bigger than they thought.

- Union and Department
 - Prevention Education and Awareness
 - Establishing an Education Task Force
 - Plan the Campaign
 - Define the Message and Channels
 - Develop and Present Materials
 - Implement the Campaign
 - Evaluate the Campaign
 - Use Feedback to Refine the Campaign
- EAP / Benefit Providers Treatment
 - Employee Assistance Programming

- Assessment and Referral
- Short-term, brief therapy
- 24 hour crisis intervention
- Training Supervisory
- Referral Process
- Critical Incident Management
- Quality Assurance
- Intensive Outpatient Care
- Inpatient Care
- Psychiatric

Julio Benezra

In an “ideal” situation, all stakeholders would meet at least once and often more than that, before the intervention can occur. The focus of these meetings is to:

- Identify their relationship to the substance abuser
- Identify their concerns and level of commitment to the process
- Clarify and coordinate their roles and expectations
- Identify and practice how they will present their concerns
- Predict and prepare for the substance abusers reactions
- Plan how they will support each other during the process
- Develop a plan in case the substance abuser refuses their assistance.

Fidler

Ongoing training and education. Get rid of the “us versus them” mentality.

3. **Confidentiality and trust are hallmarks associated with counseling efforts. How can these traits be maintained while enlisting the support of the employer and union?**

Tapscott

Federal confidentiality regulations and data privacy acts as well as State Statutes with regard to confidentiality of client information are followed. Exceptions to these standards may be required by law such as clear and present danger to self or another, child and elder abuse, court subpoena or national security risks. Consents for release of information are used in all other cases.

Names of employees or dependents that utilize this service shall not be made available either directly or indirectly to any party, except as stated in the paragraph above.

In cases of supervisory referral, the supervisor will be notified when initial appointment is made with the approval of the client.

EAP records and information will not be disclosed or provided on receipt of a subpoena for records without a signed consent from the client on file with EAP, unless EAP subsequently receives a court order ordering disclosure, and that the court order has been reviewed by the District before compliance with the order.

An individual client record documenting presenting problem, treatment process and termination/close-out information for each individual who utilizes the employee assistance program is maintained. Those records are the property of the provider and are confidential and maintained accordingly.

Julio Benezra

Preparation and foresight are the key issues in this response. It would be important to discuss these issues before incidents occur, focusing on addressing these concerns and clarifying guidelines. One way would be to generate case studies of model situations. In this way the counselor and the stakeholders would focus on meeting the goal of assisting the employee while seeking help from the employer and union. In that way, scenarios can be discussed without fear of breaching confidentiality and allowing the open discussion of options.

Fidler

Again, education. They must understand that this is a supportive team effort.

4. **What role does the insurance company play in determining those conditions that are covered, the options available, and the timelines allotted for recovery?**

Tapscott

Depends on the specific policy and benefit package.

Julio Benezra

It would be important for the insurance company to help educate providers and the client company. This education should focus on best practices and treatments for different diagnoses. Education should also include an understanding of the decision making process on the insurance's side, with an emphasis on developing a win-win scenario for all involved.

Fidler

The insurance company leads the show.

5. **In your experience, what percentage of people experience a slip (brief episode of AOD use followed by a period of abstinence); what percentage of people experience a relapse (returned to uncontrolled AOD use); and what percentage of people have managed a controlled form of recovery?**

Tapscott

Varies depending on drug, length and amount of use, specific psychological makeup of the individual, length of time in treatment, and the level of motivation. Generally recovery becomes more certain with time in recovery. Relapses increase when stimulant drugs are involved. Not unusual to see a 50% relapse rate with this population in the first year and 35-50% with etoh in the first year.

Julio Benezra

No response.

Fidler

100% slip; 100% relapse; returned to uncontrolled: 40-60%

6. Is there a situation that you can envision where a contingent of fire department members may fill the role of the “family” as part of an intervention effort?

Tapscott

It would be exceptional and only with supervision from a professional. I would not recommend it.

Julio Benezra

Yes, the fire department already has a culture where employees see themselves as more than co-workers – examples include living together for 24 hours at a time and the trust each develops with their crew members to cover their backs and possibly save their lives if one goes down in a fire. In cases where the functioning of the fire fighter’s “legal” family is destructive, their “work” family might step in. This of course would have to be explored in much greater detail and boundaries and parameters established, since it would establish a “conflict of interest” for some employees.

Fidler

Yes. The same role that a family does; loving and compassionate.

7. Do you believe that a team consisting of specially trained fire service members can act as conduits of information to those in need of advice? If so, do you believe this same team can effectively act as an intervention team?

Tapscott

Information carries less risk than advice and certainly a lot less than an intervention team, which I would not recommend. Better off training your supervisors.

Julio Benezra

The concept of Peer Support Personnel has been used successfully with Critical Incident Stress Management programs throughout the country. The PSP is usually someone that is trusted and has credibility with his peers. The PSP would have a significant amount of training in crisis intervention and would not act alone at any time; they would have the constant support of mental health professionals and act as a conduit for referral to community support, EAP, or other support services.

Fidler

Yes to yes. Create support without fear of job loss.

8. How important is education/training as it pertains to an organization's wellness efforts?**Tapscott**

Critical.

Julio Benezra

Practical and effective education and training are crucial tools for adults who need to make decisions about their life and overall wellness. A common theme of adult learning theory emphasizes that adults have an innate need to gain knowledge that directly impacts their daily life and help them be more functional individuals. Therefore, education and training that is targeted at giving them living skills will give them a greater sense of control over their lives, the decisions they make, and, in turn, support wellness efforts.

Fidler

Very important. In fact, I believe it is the cornerstone.

9. Given the 24/48-hour schedule of the fire service, what method(s) of intervention do you consider the most practical (effective) for fire service personnel?**Tapscott**

Start with education and prevention and reserve intervention for family and supervisors who are trained to identify "troubled employees" and involve the EAP in that process.

Julio Benezra

The intervention process needs to be seen as pre-incident preparation and not only as a response to a problem. Therefore, in this way, education can be applied in every way possible and treated just like the department's policy on safety or physical fitness. Education on stress management, conflict resolution, substance abuse, and other topics should be woven into everyday activities and discussions.

Fidler

You can have an accountability coach that will follow these individuals on and off (duty).

10. The culture of the fire service (protective of their own) combined with a tendency for an AOD user to deny a need for help creates special problems; do you have any advice for improving the likelihood of an intervention's success?

Tapscott

See answers 6-9

Julio Benezra

The answer blends the responses from question 6-9; it involves developing a safety net of support networks. These would include educating supervisory personnel in recognition and early intervention, training and providing the support for Peer Support Personnel, and lastly but not least, the need to constantly educate the employees. It is not only management's responsibility to be vigilant because safety is everyone's responsibility. It means that if a firefighter is impaired, it could be a matter of life or death for a fellow firefighter.

Fidler

Yes, by creating a supportive influential atmosphere instead of a punitive one. People may be willing to step forward - if not, then you have the "last chance" issue.

APPENDIX D
EAP Wellness Survey – Captain’s Meeting

| Question | Yes | No | Unsure |
|--|------------|-----------|---------------|
| Have you ever received an orientation as to what is available through the City of Peoria’s Employee Assistance Program (EAP)? | 67 | 29 | 1 |
| Do you have an understanding of what the EAP offers to City employees? | 57 | 24 | 19 |
| Have you, for any reason, made use of the EAP? | 14 | 81 | 0 |
| Would you consider using the EAP program in the future? | 33 | 38 | 29 |
| If made available, would you find value in a program designed to provide firefighters with financial management? | 43 | 29 | 29 |
| If a Peoria Fire Department member was trained as a stress-related peer counselor, would you consider using them, should one day you find the need? | 29 | 43 | 29 |
| There appears to be a stigma among fire service professionals associated with mental health care. In an effort to minimize this, there has been some discussion to provide annual check-ups, similar to our annual medical physicals. Would you be interested in participating in a confidential pilot program that would provide for periodic visits to a fire service trained counselor? | 45 | 48 | 1 |

APPENDIX E
Shift Survey



FIRE DEPARTMENT
Memorandum

Date: October 21, 2003

To: Fire Department Personnel

From: Chief Robert McKibben and 493 VP Ron Singleton

Subject: Wellness Survey

A Wellness Coalition made up of a cross section of our membership has been formed in an effort to examine the effectiveness of the City of Peoria's Employee Assistance Program (EAP), as it pertains to fire department personnel.

In this regard, we have prepared a survey designed to aid us in targeting those areas causing the most stress within your work environment. The questions may seem intrusive, yet are designed to give the Coalition and Human Resources Department an accurate picture of the pressures our members are facing. The ideas being considered range from education to new programs designed to improve critical relationships.

The survey is completely confidential. Please fill it out as accurately as possible—it will provide our efforts with a firm foundation from which to customize a more effective EAP.

Please Check all that apply:

1. As a result of stress, I feel that I have experienced one or more of the following symptoms:
(Check all that apply)

| | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Sleep Disorder | <input type="checkbox"/> | Eating Disorder | <input type="checkbox"/> |
| Employee Conflict | <input type="checkbox"/> | Personal/Family Conflict | <input type="checkbox"/> |
| Professional Conflict | <input type="checkbox"/> | Depression | <input type="checkbox"/> |
| General Anxiety/Agitation | <input type="checkbox"/> | Physical Illness | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> | Loss of Sex Drive | <input type="checkbox"/> |
| Violent Tendencies | <input type="checkbox"/> | Suicidal Tendencies | <input type="checkbox"/> |

2. One or more of the following contributes to my level of stress at work:
(Check all that apply)

| | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| Financial Management | <input type="checkbox"/> | Time Management | <input type="checkbox"/> |
| Number/Type - EMS Calls | <input type="checkbox"/> | Number/Type - Fire Calls | <input type="checkbox"/> |
| Coworker Relationships | <input type="checkbox"/> | Supervisor Relationships | <input type="checkbox"/> |
| Management Relationships | <input type="checkbox"/> | Personal/Family Relationships | <input type="checkbox"/> |
| Addictions (Drugs or Alcohol) | <input type="checkbox"/> | Lack of Time With Family | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | Promotion/Education Requirements | <input type="checkbox"/> |
| Gender (Coworker) Issues | <input type="checkbox"/> | Station/Apparatus Maintenance | <input type="checkbox"/> |

3. Historically, I believe the following have been stumbling blocks for the existing EAP to succeed: (Check all that apply)

| | | | |
|---------------------------------|--------------------------|-------------------------------------|--------------------------|
| Trust Administration | <input type="checkbox"/> | Trust Local 493 | <input type="checkbox"/> |
| Trust City Human Resources | <input type="checkbox"/> | Confidentiality | <input type="checkbox"/> |
| Program Credibility | <input type="checkbox"/> | Lack of EAP Understanding | <input type="checkbox"/> |
| Counselor Credibility (Culture) | <input type="checkbox"/> | Fear of Peer Reprisals (Perception) | <input type="checkbox"/> |
| Negative Stigma/Perception | <input type="checkbox"/> | | |

4. As a member, you would consider using one or more of the following if made available:
(Check all that apply)

| | | | |
|----------------------|--------------------------|---------------------------|--------------------------|
| Financial Management | <input type="checkbox"/> | Peer Counselors | <input type="checkbox"/> |
| City of Peoria EAP | <input type="checkbox"/> | Fire Department Counselor | <input type="checkbox"/> |
| Personal Physician | <input type="checkbox"/> | Personal Counselor | <input type="checkbox"/> |

5. There appears to be a stigma among fire service professionals associated with mental health care. In an effort to minimize this, there has been some discussion to provide annual check-ups, similar to our annual medical physicals. Would you be interested in participating in a confidential pilot program that would provide for periodic visits to a fire service trained counselor?

Yes ☐

No ☐

Unsure ☐

6. Would you be interested in becoming a peer counselor?

Yes ☐

No ☐

Unsure ☐

7. Do you believe a holistic approach to Wellness, including stress management, can be successful if a strong bond is formed between all Peoria Fire Department members having a stake in the outcome?

Yes ☐

No ☐

Unsure ☐

APPENDIX F Shift Survey Charts

Figure 1

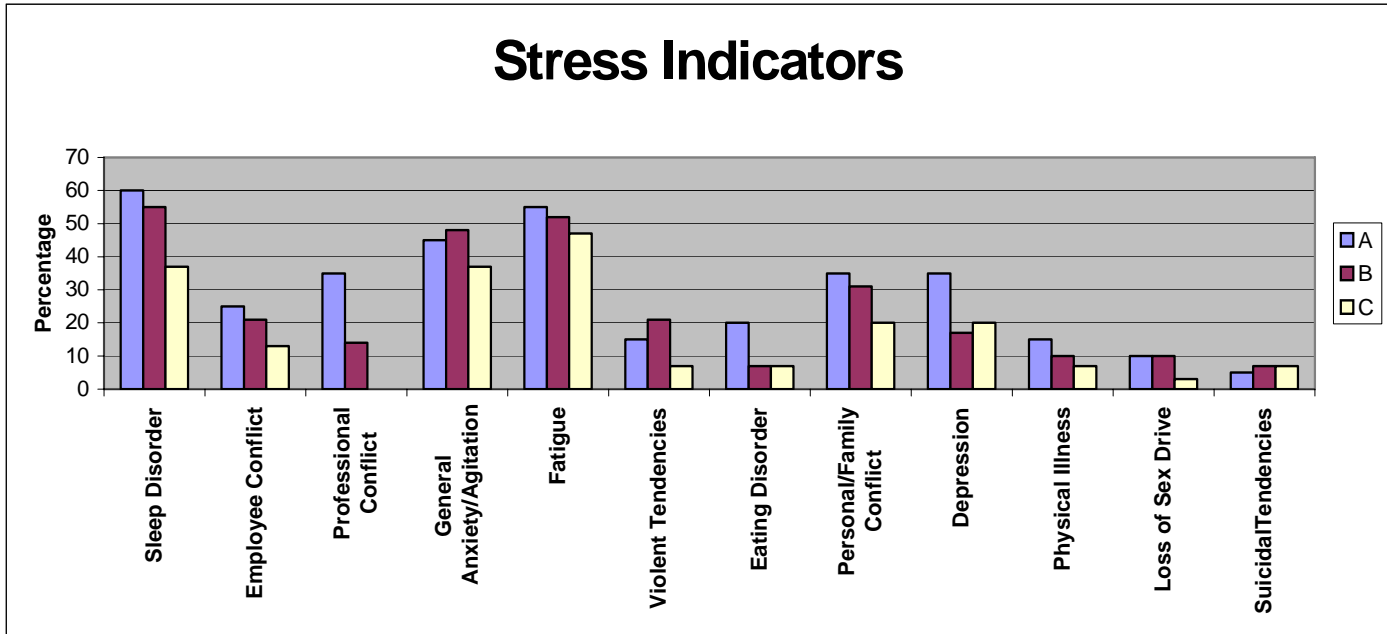


Figure 2

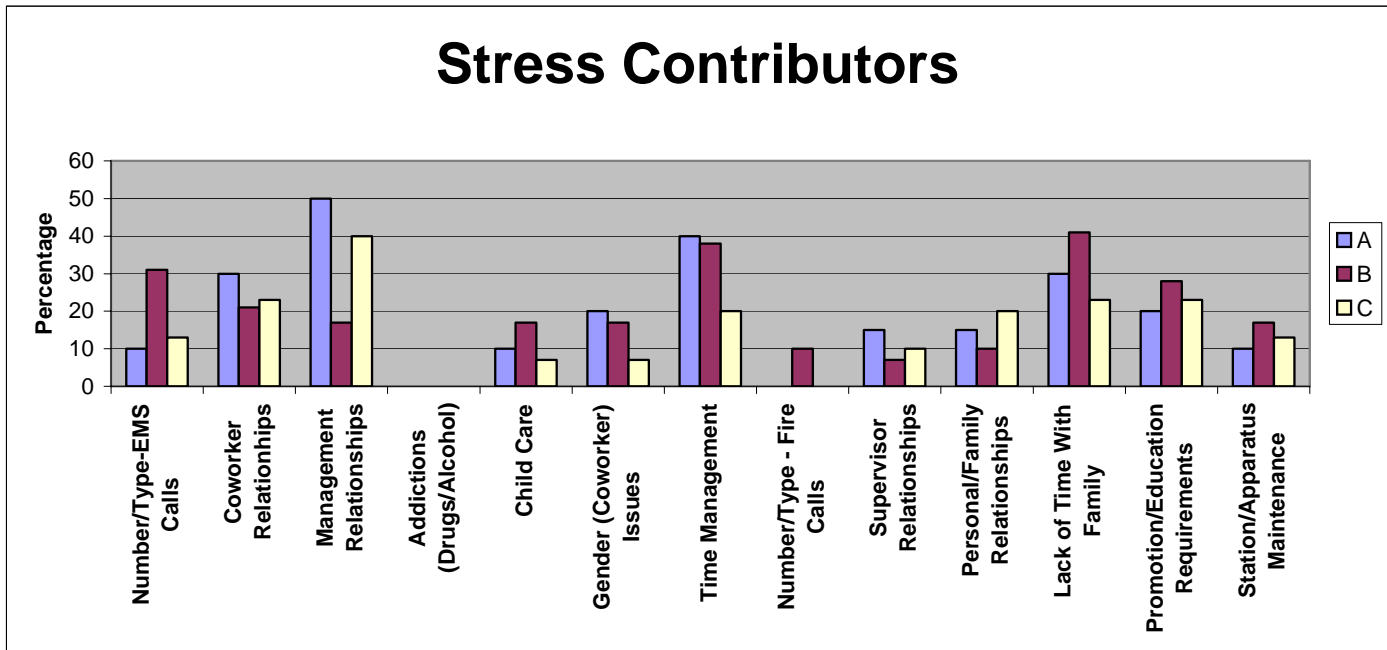


Figure 3

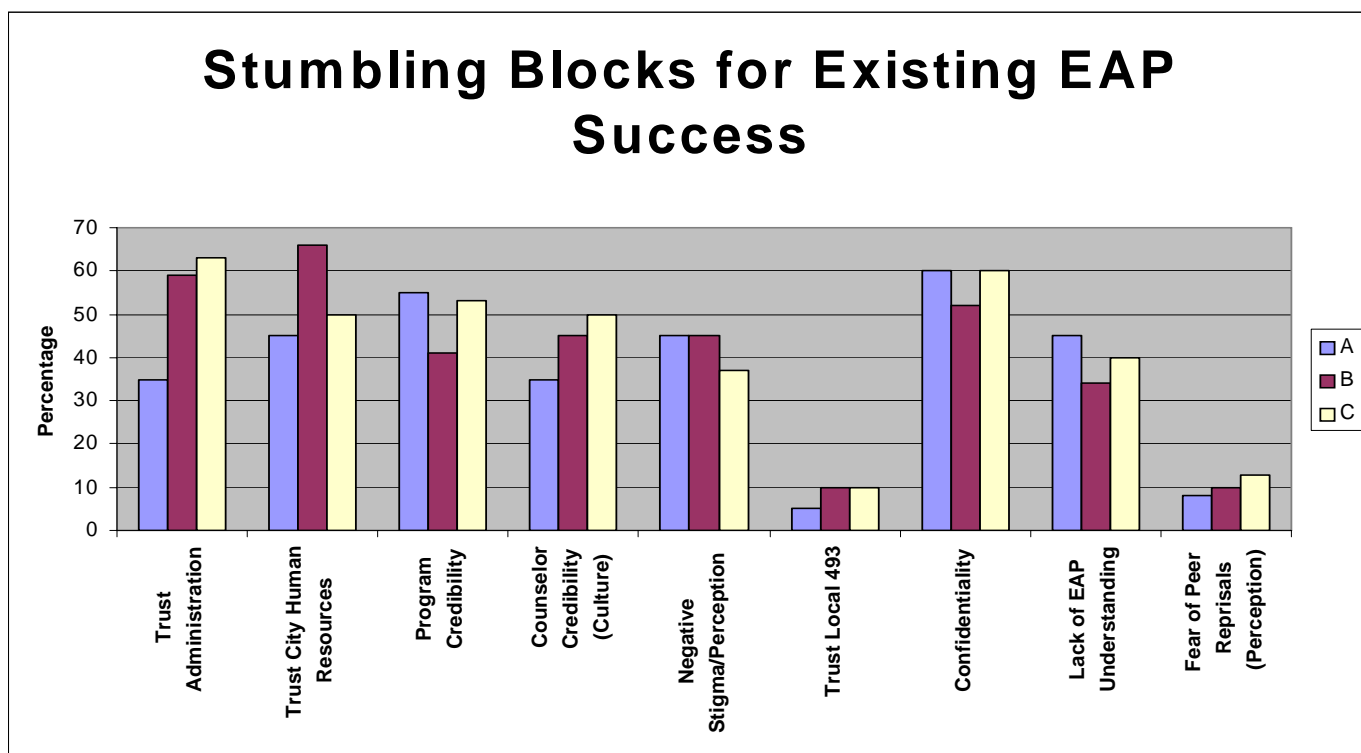


Figure 4

